

<p>Effective on 12/08/2004.</p> <p>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810):</p> <p>FEE TRANSMITTAL</p> <p>For FY 2008</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <p>Application Number 10/518,818-Conf. #5903</p> <p>Filing Date July 15, 2003</p> <p>First Named Inventor Won-Gyu KIM</p> <p>Examiner Name Z. Vakili</p> <p>Art Unit 1614</p> <p>Attorney Docket No. 1599-0299PUS1</p>	
<p>TOTAL AMOUNT OF PAYMENT</p> <p>(\$) 1,920.00</p>			

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (specify identity): _____
☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolacsch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

<u>Fee Description</u>	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	\$0	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____
x	x	=	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____	_____		

HIP = highest number of total claims paid for, if greater than 20 _____

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____
x	x	=	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____	_____		

HIP = highest number of independent claims paid for, if greater than 3. _____

the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(f).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	0	0

4. OTHER FEE(S)

Non-English Specification	130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	1801 Request for continued examination (RCE) (see 37 ...)	810.00
	1253 Extension for response within third month	1,140.00

Signature	<i>Joseph A. Kolasch</i>	Registration No. (Attorney/Agent)	22,463	Telephone	(703) 205-8013
Name (Print/Type)	Joseph A. Kolasch	Date	October 2, 2008		